



**Houston Department of Health & Human Services
Bureau of Laboratory Services
Houston, TX
713-558-3400**

CHAIN OF CUSTODY

Agency Identifier/Number: _____

Date: _____ Time: _____ Phone: (____) _____

Collected / Delivered By: _____
(Print Name) (Signature)

Organization: _____
(Print FULL Name – No Acronyms, Please)

Complete Address: _____
(Number and Street) (City) (Zip Code)

Specimen Description: _____

Date: _____ Time: _____ Phone: (____) _____

Received By: _____
(Print Name) (Signature)

Organization: _____
(Print FULL Name – No Acronyms, Please)

Date: _____ Time: _____ Phone: (____) _____

Received By: _____
(Print Name) (Signature)

Organization: _____
(Print FULL Name – No Acronyms, Please)

Date: _____ Time: _____ Phone: (____) _____

Received By: _____
(Print Name) (Signature)

Organization: _____
(Print FULL Name – No Acronyms, Please)

Date: _____ Time: _____ Phone: (____) _____

Received By: _____
(Print Name) (Signature)

Organization: _____
(Print FULL Name – No Acronyms, Please)

Date: _____ Time: _____ Phone: (____) _____

Received By: _____
(Print Name) (Signature)

Organization: _____
(Print FULL Name – No Acronyms, Please)